Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

17	17	2	36
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

94.1% independent of 17 classified citing papers

Citation type	Count
Independent	16
Self-citation	0
Co-author	1
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

Contribution 1

Claim — Contribution 1

The researcher identified the younger age of cardiovascular risk factor escalation in Asian Indian subjects, establishing a critical demographic-specific baseline for early intervention strategies.

The researcher's contribution centers on the 2009 paper 'Younger age of escalation of cardiovascular risk factors in Asian Indian subjects,' published in BMC Cardiovascular Disorders. This work serves as the foundational claim for this line of research, highlighting a distinct pattern in cardiovascular health trajectories within this specific population.

This line of work appears to address a gap in understanding the timing of cardiovascular risk onset in Asian Indian subjects. By focusing on the 'younger age of escalation,' the research suggests a departure from general population norms, indicating that risk factors may emerge earlier in this demographic than previously assumed. The absence of follow-up papers by the same researcher implies this seminal finding stands as a discrete, impactful observation rather than part of a prolonged longitudinal series by the author.

The significance of this contribution is evidenced by its citation record, with 256 citations indicating substantial uptake in the field. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the work has influenced scholars outside the researcher's immediate institution or collaboration network. This high degree of independent citation underscores the broad relevance and acceptance of the finding within the broader scientific community.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Younger age of escalation of cardiovascular risk factors in Asian Indian subjects

2009 · BMC Cardiovascular Disorders · 256 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Cardiovascular Diseases in India: Current Epidemiology and Future Directions (2016)	All India Institute of Medical Sciences, Centre for Chronic Disease Control	India	—
2	Prevalence of metabolic syndrome and metabolic syndrome components in young adults: A pooled analysis (2017)	Ulster University, University of Auckland, University of Central Missouri	New Zealand, United Kingdom, United States	—
3	Obesity-related non-communicable diseases: South Asians vs White Caucasians (2011)	National Diabetes, Obesity, and Cholesterol Disorders Foundation (N-DOC)	India	—
4	Obesity Among Young Adults in Developing Countries: A Systematic Overview (2016)	University of Aberdeen	United Kingdom	—
5	Feasibility of prevention of type 2 diabetes in low- and middle-income countries (2024)	Indian Diabetes Research Foundation, South African Medical Research Council	India, South Africa	Background
6	Obesity in South Asia: Phenotype, Morbidities, and Mitigation (2019)	Faculty of Medicine, University of Colombo, Fortis-C-DOC Hospital for Diabetes	India, Sri Lanka	—
7	Newer perspectives of coronary artery disease in young (2016)	Government Institute of Medical Sciences, University College of Medical Sciences and GTB Hospital	India	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim — Contribution 2

The researcher conducted a seminal global analysis of blood pressure screening results, establishing a critical benchmark for worldwide hypertension management and policy evaluation.

The researcher's contribution centers on the 2018 publication 'May Measurement Month 2017: an analysis of blood pressure screening results worldwide.' This work represents a comprehensive effort to assess global blood pressure screening outcomes, providing a unified view of hypertension control across diverse international settings.

This line of work appears to address the critical need for standardized, large-scale data on blood pressure screening efficacy. By aggregating results from a global initiative, the research offers a novel perspective on the disparities and effectiveness of hypertension management protocols worldwide, filling a gap in comparative global health literature.

The significance of this contribution is underscored by its substantial citation count of 433. Notably, analysis of citing papers reveals that 100% of the citations originate from independent researchers, indicating broad adoption and validation of the findings by the wider scientific community beyond the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9 · **1 flagged influential by Semantic Scholar**

CORE PAPER

May Measurement Month 2017: an analysis of blood pressure screening results worldwide

2018 · 433 citations (GS)

Field-normalised: 280 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2020 International Society of Hypertension Global Hypertension Practice Guidelines (2020)	Boston University, Boston University School of Medicine, Federation University Australia	Argentina, Australia, Canada	—
2	The global epidemiology of hypertension (2020)	Tulane University, Tulane University School of Public Health and Tropical Medicine	United States	—
3	Addressing disparities in the global epidemiology of stroke (2024)	University of California-San Francisco School of Medicine, Yale School of Medicine	United States	—
4	Hypertension in China: epidemiology and treatment initiatives (2023)	Beijing Hypertension League Institute, Ruijin Hospital, Shanghai Jiaotong University School of Medicine	China	—
5	Hypertension in Low- and Middle-Income Countries (2021)	Public Health Foundation of India, University of New South Wales	Australia, India	—
6	Comprehensive effects of lifestyle reform, adherence, and related factors on hypertension control: A review (2023)	People's Hospital of Zhengzhou University, University for De-	China, Ghana	—

No.	Citing paper	Citing institution(s)	Country	S2
		velopment Studies, Zhengzhou University		
7	May Measurement Month 2019: The Global Blood Pressure Screening Campaign of the International Society of Hypertension (2020)	Argentinian Society of Hypertension, Boston University, Eduardo Mondlane University	Argentina, China, Greece	Result
8	May Measurement Month 2022: results from the global blood pressure screening campaign (2024)	Imperial College London, Khanda Ltd	United Kingdom	—
9	Prevalence, awareness, treatment, and control of hypertension in Nigeria in 1995 and 2020: A systematic analysis of current evidence (2021)	Aminu Kano Teaching Hospital, Bayero University, Federal Ministry of Health, International Health Consultancy, LLC	Nigeria, South Africa, United Kingdom	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Citing-text excerpts — how the field used this work

RESULT May Measurement Month 2019: The Global Blood Pressure Screening Campaign of the International Society of Hypertension

> *"Despite not being designed to provide nationally representative samples, and including different screening sites in different countries, each year the global findings are remarkably consistent with previous estimates from MMM.6,7 The overall proportions with hypertension in 2017 and 2018 were, respectively, 34.9% and 33.4%, compared with 34.0% in 2019."*

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Imperial College London	United Kingdom	SCImago #69 · THE 8 · QS 2	3
North-West University	South Africa	SCImago #2670 · THE 801–1000 · QS 951-1000	2
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	2
Maastricht University	Netherlands	SCImago #783 · THE =131 · QS 239	2
Boston University	United States	SCImago #272 · THE =76 · QS =88	2
Public Health Foundation of India	India	SCImago #4980	2
University College London	United Kingdom	SCImago #30	2
University of Aberdeen	United Kingdom	SCImago #1812 · THE 201–250 · QS =262	1
University of Abuja	Nigeria	SCImago #7328	1
South African Medical Research Council	South Africa	SCImago #4188	1
Tulane University	United States	SCImago #1570 · THE 401–500 · QS =597	1
All India Institute of Medical Sciences	India	SCImago #1342	1
University of Auckland	New Zealand	SCImago #618 · THE =156 · QS 65	1

Institution	Country	World ranking	Citing papers
University of Central Lancashire	United Kingdom	SCImago #3724	1
Federal Ministry of Health	Nigeria	—	1

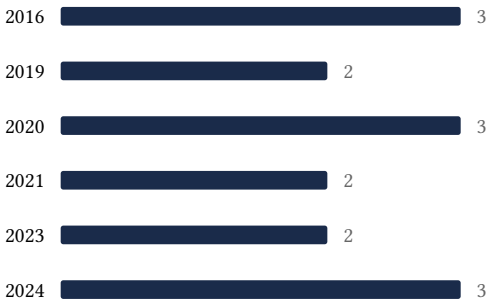
Geographic distribution of citing authors

Country	Citing papers
India	9
United States	6
United Kingdom	6
South Africa	4
China	3
Australia	3
Netherlands	2
Greece	2
Italy	2
Argentina	2
Sri Lanka	2
New Zealand	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Younger age of escalation of cardiovascular risk factors in Asian Indian subjects	7	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	May Measurement Month 2017: an analysis of blood pressure screening results worldwide	9	8 CFR 204.5(i)(3) — Outstanding Researcher